



#2

FEB 26 1996

For Ecology Use

Fee Paid \$18.00

Date 3-26-96
ck #4438State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

G-329928

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name Darin & Devon Michel Home Tel: () -
Mailing Address 2516 W. Hwy. 26 Work Tel: (509) 488- 9819
City Othello State Wa Zip +4 99344 FAX: (509) 488- 0252

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Dwayne Michel or Darin Michel Home Tel: () -
Mailing Address 2516 W. Hwy 26 Work Tel: () -
City Othello State Wa Zip +4 99344 FAX: () -
Relationship to applicant Father & Son

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than (4,000 gal/min) ^{2,000 per well} (☒ gallons per minute or ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of irrigation, stockwater, and domestic use. Attach a "legal" description of the place of use. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient.

(CONTINUOUS DOMESTIC MULTIPLE SUPPLY; STOCKWATER; AND SEASONAL IRRIGATION OF 400 ACRES.)
Estimate a maximum annual quantity to be used in acre-feet per year: 2,280,960 Acre-Ft per year

☒ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:

From 3/1/96 to 10/14/2006

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>(2)</u> well(s).
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>20"</u> <u>800-1000 ft.</u>

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 400 Ft. South and 400 ft. East of the NW corner of Sec 22
2,000 Ft. South and 2,000 ft. West of NE corner of Sec 18

¼ of	¼ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
AN	NE ¼ NE ¼	18	15	28 E	Adams			← WRIA 41
S ¼ NE ¼	NW ¼ NW ¼	22	15	28 E	Adams			← WRIA 41

For Ecology Use Date Received: 2-26-96 Priority Date: 2-26-96
SEPA: Exempt/Not Exempt (Exempt) FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete 4-9-96 By LK Date Returned _____ By _____ WRIA: 41

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: _____
- B. Briefly describe your proposed water system. (See instructions.)
We will be pumping through a mainline using solid sets or circles. We will use a low pressure system. We will use the most efficient system that the irrigation companies recommend at the time of installation for this area.
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
 PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION
 (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: 3 Type of connection 3 homes
 (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
 If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? N/A ☐ YES ☒ NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☒ YES ☐ NO
 If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
 (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 400
- B. List total number of acres for other specified agricultural uses:
- | | |
|--|------------------|
| Use <u>For orchard</u> | Acres <u>200</u> |
| Use <u>For Row crops under circles</u> | Acres <u>200</u> |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: (400)
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
 Add up the acreage in which you have a controlling interest, including only:
 ‡ Acreage irrigated under water rights acquired after December 8, 1977;
 ‡ Acreage proposed to be irrigated under this application;
 ‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
 If yes, enter permit no: _____
- E. Farm uses:
 Stockwater - Total # of animals 600 Animal type Beef cattle (If dairy cattle, see below)
 Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

☐ YES ☒ NO

Section 9. DRIVING DIRECTIONS

Go West on Coon Rd. This Rd. is at the base of Saddle Mt. near End of Coon Rd is a corral on S. side of Road. This Sec. 18.

owner(s). On East End of Coon Rd. about $\frac{1}{2}$ Mile S. of Canal is were Sec. 21 & 22 is
We Recommend you contact us so that you don't get lost and it would make it
a lot easier to find it.

Section 10. REQUIRED MAP

Section 11. **PROPERTY OWNERSHIP**

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Date _____

Darin Mitchell
Landowner for place of use (if same as applicant, write "same")

~~THIS APPLICATION~~
Date _____
~~IS NOT EXEMPT:~~

same as applicant, write "same") THIS APPLICATION IS NOT EXEMPT: 6-13-95

LEAD AGEN: _____

_____/_____/_____ Contingent Checklist received

_____/_____/_____ Determination of Non-significance issued

_____/_____/_____ Determination of Significance issued

DRAFT EIS ISSUED _____/_____/_____

FINAL EIS ISSUED _____/_____/_____

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
<input checked="" type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98503-0210
Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Application #2	
Explanation: PLEASE ENCLOSE the \$18.00 APPLICATION FEE, ALONG WITH THIS APPLICATION AND THE COMPLETED QUAD MAP SHOWING AN "X" ON THE APPROXIMATE WELL SITES AND ALSO HIGHLIGHT THE PLACE(S) OF USE FOR THE PROPOSED 400 ACRES OF IRRIGATION	
Please provide the additional information requested above and return your application by <u>APRIL 22nd, 1996</u> in order to retain your <u>FEBRUARY (date) 26, 1996 PRIORITY DATE.</u>	

Ecology staff

Linda M. Kiefer

Date

3/21/96

G 329928

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

APPLICATION